

CJA 24 AUTHORIZATION AND VOUCHER FOR PAYMENT OF TRANSCRIPT

| | | | | | |
|---|---|--|--|--|-------------------------|
| 1. CIR./DIST./DIV. CODE GUX | 2. PERSON REPRESENTED SHIN, JI SUNG aka JAMES SHIN | | | VOUCHER NUMBER | |
| 3. MAG. DKT./DEF. NUMBER | | 4. DIST. DKT./DEF. NUMBER 1:01-000083-002 | 5. APPEALS DKT./DEF. NUMBER 1:06-010697-001 | 6. OTHER DKT. NUMBER | |
| 7. IN CASE/MATTER OF (Case Name) U.S. v. SHIN | | 8. PAYMENT CATEGORY | 9. TYPE PERSON REPRESENTED Appellant | 10. REPRESENTATION TYPE (See Instructions) Appeal of Other Matters | |
| 11. OFFENSE(S) CHARGED (Cite U.S. Code, Title & Section) If more than one offense, list (up to five) major offenses charged, according to severity of offense. | | | | | |
| REQUEST AND AUTHORIZATION FOR TRANSCRIPT | | | | | |
| 12. PROCEEDING IN WHICH TRANSCRIPT IS TO BE USED (Describe briefly) | | | | | |
| 13. PROCEEDING TO BE TRANSCRIBED (Describe specifically). NOTE: The trial transcripts are not to include prosecution opening statement, defense opening statement, prosecution argument, defense argument, prosecution rebuttal, voir dire or jury instructions, unless specifically authorized by the Court (see Item 14). | | | | | |
| 14. SPECIAL AUTHORIZATIONS (Services Other Than Ordinary) | | | | | Judge's Initials |
| A. Apportioned Cost % of transcript with (Give case name and defendant) | | | | | |
| B. <input type="checkbox"/> Expedited <input type="checkbox"/> Daily <input type="checkbox"/> Hourly Transcript <input type="checkbox"/> Real Time Unedited Transcript | | | | | |
| C. <input type="checkbox"/> Prosecution Opening Statement <input type="checkbox"/> Prosecution Argument <input type="checkbox"/> Prosecution Rebuttal <input type="checkbox"/> Defense Opening Statement <input type="checkbox"/> Defense Argument <input type="checkbox"/> Voir Dire <input type="checkbox"/> Jury Instructions | | | | | |
| D. In this multi-defendant case, commercial duplication of transcripts will impede the delivery of accelerated transcript services to persons proceeding under the Criminal Justice Act. | | | | | |
| 15. ATTORNEY'S STATEMENT | | | 16. COURT ORDER | | |
| As the attorney for the person represented who is named above, I hereby affirm that the transcript requested is necessary for adequate representation. I, therefore, request authorization to obtain the transcript services at the expense of the United States pursuant to the Criminal Justice Act. | | | Financial eligibility of the person represented having been established to the court's satisfaction, the authorization requested in Item 15 is hereby granted. | | |
| Signature of Attorney _____ Date _____ | | | Signature of Presiding Judicial Officer or By Order of the Court _____ | | |
| Printed Name _____ | | | Date of Order _____ Nunc Pro Tunc Date _____ | | |
| Telephone Number: _____ | | | | | |
| <input type="checkbox"/> Panel Attorney <input type="checkbox"/> Retained Atty <input type="checkbox"/> Pro-Se <input type="checkbox"/> Legal Organization | | | | | |
| CLAIM FOR SERVICES | | | | | |
| 17. COURT REPORTER/TRANSCRIBER STATUS <input type="checkbox"/> Official <input type="checkbox"/> Contract <input type="checkbox"/> Transcriber <input type="checkbox"/> Other | | | 18. PAYEE'S NAME (First Name, M.I., Last Name, including any suffix,) AND MAILING ADDRESS | | |
| 19. SOCIAL SECURITY NUMBER OR EMPLOYER ID OF PAYEE | | | Telephone Number: _____ | | |
| 20. TRANSCRIPT | | Include Page Numbers | No. of Pages | Rate Per Page | Sub-Total |
| Original | | | | | Less Amount Apportioned |
| Copy | | | | | Total |
| Expenses (itemize): _____ | | | | | |
| TOTAL AMOUNT CLAIMED: _____ | | | | | |
| 21. CLAIMANT'S CERTIFICATION OF SERVICE PROVIDED I hereby certify that the above claim is for services rendered and is correct, and that I have not sought or received payment (compensation or anything of value) from any other source for these services. | | | | | |
| Signature of Claimant/Payee: _____ Date: _____ | | | | | |
| ATTORNEY CERTIFICATION | | | | | |
| 22. CERTIFICATION OF ATTORNEY OR CLERK I hereby certify that the services were rendered and that the transcript was received. | | | | | |
| Signature of Attorney or Clerk _____ | | | Date _____ | | |
| APPROVED FOR PAYMENT - COURT USE ONLY | | | | | |
| 23. APPROVED FOR PAYMENT | | | | | 24. AMOUNT APPROVED |
| Signature of Judicial Officer or Clerk _____ | | | | | Date _____ |